

# KING COUNTY BOARDS AND COMMISSIONS APPLICATION FORM

(A resume may be substituted in lieu of submitting a completed application form)



**King County**

***PLEASE NOTE: Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). However, while we will disclose the applicant's name, the applicant's address, phone number and email address will be redacted.***

Thank you for your interest in serving on the King County Economic Opportunity and Empowerment Program Advisory board. Individuals selected to serve on a King County board or commission will also be required to complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated to serve on a King County board or commission.

### **I'm Interested in Serving on the (Board or Commission Name):**

King County Economic Opportunity and Empowerment Program Advisory Board.

### **My Name Is:**

### **Preferred Contact Information:**

Address	
City, State, Zip Code	
Home Phone	
Work Phone	
Cell Phone	
Email Address	

### **Physical Home Address (REQUIRED if different from preferred mailing address)**

Home Address	
City, State, Zip Code	

### **Current Employer**

Job Title	
Date of Employment	
Company Name	
Street Address	
City, State, Zip Code	

### **King County Council District (Please type an "X" in the box to the right of your district)**

1  2  3  4  5  6  7  8  9  Don't Know

**Education (Highest education level reached)**

	School Name / Year Graduated if applicable
Some High School	
High School Graduate	
Some College	
College Graduate	
Grad School Graduate	

**Have you served on any other Board, Commission, or Committees (Please list them below)?**

Board, Commission or Committee Names	Year Appointed	Term Expired

**Please explain why you feel you are the most qualified candidate for this appointment.**

**How did you learn of this opportunity?**

**Do you hold any professional licenses, registrations or certificates in any field (Please type an "X" in the box)?**

Yes  No

If you hold any professional licenses, please list them here:

## PERSONAL INFORMATION (OPTIONAL)

The King County Council and the King County Executive are committed to inclusiveness and outreach to all King County residents to ensure that King County boards and commissions are reflective of the community we serve. Providing information in the section below is voluntary but will assist in achieving this goal.

### Race/Ethnicity

Race/Ethnicity:	
Gender:	
Sexual Orientation:	

**Do you have a disability as defined by the Americans with Disabilities Act? (Please type an "X" in the boxes that apply to you)**

Yes  No

### Generation Range:

30 or younger  31-41  42-52  53-63  64-74  75 or older

## Person to Notify in Case of Emergency (OPTIONAL)

Name	
Home Phone	
Work Phone	
Cell Phone	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

Name (typed or signature)	
Date	

### Please return completed form to:

*(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)*

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**This material is available in alternate formats for persons with disabilities.  
Please contact 206-263-9651, TTY Relay: 711, or**

**e-mail [Rick.Ybarra@kingcounty.gov](mailto:Rick.Ybarra@kingcounty.gov)**